U.S. Department of Transportation
Federal Aviation Administration

800 Independence Ave., SW
Washington, DC 20591

I N V O I C E

Invoice No.   **AI-02-**_____   _____
                              [2 digit airline code]   [date]

_____   _____
[Airline Name]   [Point of Contact]

_____   Phone:
[Airline City] [Airline State] [zip code]

                                                                              Fax:

                                                                              E-Mail:

Description of charges:

Aviation insurance from ____/____/2001 through 23:59 GMT on 10/31/2001.
(not to exceed 30 days)   (MM/DD)

Forecast number of departures performed*   _____
(*See instructions for definition.)
Premium rate: X $7.50

Total Premium $_____

Remit to:

Electronic Funds Transfer (FedWire)

Name of beneficiary: Federal Aviation Administration
Address of beneficiary: 800 Independence Ave., SW
                                        Washington, DC 20591
Receiver (Bank) Name: TREAS NYC/(69001104)
Receiver (Bank) Address: U.S. Treasury
                                        c/o Federal Reserve Bank of New York
Receiver (Bank) ABA No.:   0210 3000 4
Account No.   69 00 1104
Reference: Invoice Number **and** Airline Name

Payment by Check

Federal Aviation Administration
Aviation Insurance, APO-3, Room 939
800 Independence Ave., SW
Washington, DC 20591

Fax: 202.267.3278, or 202.267.3324, or 202.267.5370